



Town of North Stonington
Planning and Zoning Commission

Application for Zone/Regulation Change

Application Number:

Receipt Date:

Applicant Information:

Name:

Mailing Address:

Contact Info:

Phone: Fax: E-mail:

This application related to the following change:

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Change in existing regulations

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Change of boundaries of existing zoning map

FOR A CHANGE IN REGULATIONS

A. Identify the section of the regulations to be deleted:

B. Identify the section of the regulation to be modified or added to:

C. What is the proposed modification or addition to the regulations:

Is This change a change in the Table of Use:

Yes

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No

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Is the zone of the use change within 500 feet
of another town Boundary?

Yes

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No

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FOR A CHANGE IN THE BOUNDARY MAP

A. Submit a copy of the existing zone boundary map.

B. Submit a map of the proposed change in the zone boundary map using the
same scale as the Zoning Map.

Date

Signature (Applicant)